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Trouble-Shooter's Guide to Filing the ERISA Annual Reports

U.S. Department of Labor
Pension and Welfare Benefits Administration
February 1991

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INTRODUCTION

The U. S. Department of Labor, in conjunction with the Internal Revenue Service and the Pension Benefit Guaranty Corporation, has published the 1990 5500 Series Annual Return/Report forms to be used by plan administrators in satisfaction of their annual reporting obligations under the Employee Retirement Income Security Act of 1974 (ERISA) and the Internal Revenue Code.

The forms and requirements discussed in this guide reflect the reporting system for annual reports required to be filed for plan years beginning on or after January 1, 1990. The information included in these filings will be carefully reviewed for compliance with ERISA's reporting provisions and utilized to upgrade the Department's database of information for enforcement, compliance, research and other program needs.

In an effort to assist filers in the preparation of the 1990 Form 5500 Series Annual Return/Report, the Department has prepared this publication which focuses on (1) the changes in reporting for 1990 and (2) how to avoid those reporting errors most likely to be made by filers.

This publication, together with the instructions for preparing the 1990 Form 5500 Series is intended to assist filers in complying with the annual reporting requirements.

Filing requirements and changes for the 1990 Form 5500 Series Annual Return/Report are discussed in "1990 FORM 5500 SERIES," (page 3).

Processing of the 1990 Form 5500 Series by the Internal Revenue Service and the Department of Labor is discussed in "PROCESSING THE 1990 FORM 5500 SERIES," (page 6).

Potential filing errors and how to avoid them are discussed in "POTENTIAL FILING ERRORS AND HOW TO AVOID THEM," (page 8).

The potential imposition of civil penalty sanctions is discussed in "COMPLIANCE/PENALTY SANCTIONS," (page 10).

Where to file the 1990 Form 5500 Series is discussed in "WHERE TO FILE THE FORM 5500 SERIES," (page 12).

Guidelines to completing the 1990 Form 5500 Series are discussed in "GENERAL GUIDELINES TO COMPLETING THE FORM 5500 SERIES," (page 13).

Edit test failures for the 1990 Form 5500 Series are discussed in "EDIT TEST FAILURES FOR FORM 5500," (page 42); "EDIT TEST FAILURES FOR FORM 5500-C/R (5500-C Filers)," (page 49); "EDIT TEST FAILURES FOR FORM 5500-C/R (5500-R FILERS)," (page 54); and "EDIT TEST FAILURES WITH SPECIAL EXPLANATIONS," (page 57).

1990 FORM 5500 SERIES

Required Reports

ERISA requires employee benefit plan administrators to submit annual reports, (the Form 5500 Series) which contain information on the characteristics and financial operations of plans.

These reports are required to be filed with the Internal Revenue Service (IRS) and are generally due by the last day of the seventh month after the plan year ends. The IRS processes these reports and provides copies to the U. S. Department of Labor for use in enforcement and other program activities and for disclosure to the public. (See page 12 for filing information.)

The Form 5500 Series consist of the:

- Form 5500, which is generally required to be filed by plans with 100 or more participants;
- Form 5500-C, which is generally required to be filed at least every third year by plans with fewer than 100 participants;
- Form 5500-R, which may be filed by plans with fewer than 100 participants, for those years in which the Form 5500-C is not required to be filed.
- Schedule A - Insurance Information;
- Schedule B - Actuarial Information;
- Schedule C - Service Provider and Trustee Information;
- Schedule E - ESOP Annual Information
- Schedule P - Annual Return of Fiduciary of Employee Benefit Trust
- Schedule SSA - Annual Registration Statement Identifying Separated Participants With Deferred Vested Benefits;

In addition, several supplemental documents may be required to be attached to the above-mentioned forms. These include:

- The report of an independent qualified public accountant, and
- Other supplemental documents including statements relating to common/collective trusts, pooled separate accounts, master trusts, and the financial schedules required by items 30a through f of the Form 5500

Changes for 1990 Reporting

Filers must carefully read the instructions to the 1990 reports. For the 1990 plan year, the Form 5500 Series reports have undergone several minor changes. These changes are effective for plan years beginning on or after January 1, 1990.

For 1990, the Form 5500 Series has been revised. The order in which information is reported on the 1990 forms is different from the 1989 Forms. Therefore, filers must not use the 1989 Form to meet their 1990 filing obligation unless they are filing for a short plan year (see instructions to the Forms).

Following is a brief summary of the changes to the Form 5500

Series which have been adopted by the IRS, the Department of Labor, and the Pension Benefit Guaranty Corporation for plan years beginning on or after January 1, 1990.

Form 5500
Changes for the Form 5500 include: (1) page one of the Form 5500 is preprinted if the filer filed for the prior year; (2) the signature block which requires the name of the individual signing the form to be printed or typed under the signature; (3) new Schedule E to be filed by every employer sponsoring a pension benefit plan that contains ESOP benefits; (4) name of the bonding surety company; and (5) Items 8, 9, 22, 29c, 32, 34, 35 and Schedule C have been revised.

Form 5500-C/R
The Form 5500-C and 5500-R are published on one form.

Form 5500-C filers will complete pages 1, 3, 4, 5 and 6 and Form 5500- R filers will complete pages 1 and 2 (detaching pages 3 through 6 before filing). The changes to the Form 5500-C/R include: (1)the signature block requires the name of the individual signing the form to be printed or typed under the signature; (2) new Schedule E to be filed by every employer sponsoring a pension benefit plan that contains ESOP benefits; (3) name of the bonding surety company; and (4) Items 7b, 8 22 and 29c of the 5500-C and Items 6c(4), 7b and 15 of the 5500-R have been revised.

NOTE: If a 1989 or prior years form is submitted for a 1990 plan year, the report will be returned to the filer to be refiled on the 1990 form (except for short plan years - see instructions).

Supplemental Schedules

Schedule A (Insurance Information). The Schedule A is required to be filed by plans if benefits under the plan are provided by an insurance company, insurance service, or other similar organization (including Blue Cross, Blue Shield, or a health maintenance organization).

Schedule B (Actuarial Information). The Schedule B is required to be filed by defined benefit plans subject to the minimum funding standards.

Schedule C (Service Provider and Trustee Information). The Schedule C is required to be filed by Form 5500 filers when one or more service providers receive $5,000 or more in compensation for all services rendered to the plan during the plan year; to report trustee information; and to report the terminations of certain service providers.

Schedule E (ESOP Annual Information). The Schedule E is required to be filed by every employer sponsoring a pension benefit plan that contains an ESOP benefit. The Schedule E must be filed if required as an attachment to Forms 5500, 5500-C/R or 5500EZ.

Schedule P (Annual Return of Fiduciary of Employee Benefit Trust). The Schedule P is filed for any fiduciary (trustee or custodian) of an organization that is qualified under Code Section 401(a) and exempt from tax under Code Section 501(a) who wants to protect the organization under the statute of limitations provided in Code Section 6501(a).

Schedule SSA (Annual Registration Statement Identifying Separated Participants with Deferred Vested Benefits). The Schedule SSA is required to be filed by all plans that had separated participants during the plan year

PROCESSING THE 1990 FORM 5500 SERIES

The Form 5500 Series reports are filed with the Internal Revenue Service. The receipt and processing of the forms is consolidated in three IRS Service Centers (see page 12, WHERE TO FILE THE FORM 5500 SERIES). When a 1990 report is received by the IRS, it will undergo a number of computerized edit checks. These computerized tests have been developed to identify errors or omissions in the filings. The results of these tests will provide the basis for correspondence to the filer. The correspondence will explain the reasons for the edit test failures, how to submit the missing or corrected information and a reminder that failure to respond or to provide the requested information may result in enforcement action including the assessment of civil penalties by the Department of Labor and/or the Internal Revenue Service.

Edit Testing

All 1990 Form 5500 Series will be subjected to computerized edit checks which concentrate on eight major test functions:

- *Mandatory answer/invalid data*—These tests will determine if a filer has failed to answer a required question, failed to check an appropriate box or has entered information that is not valid.
- *Math consistency*—These tests are applied to financial statements to insure the totals and sub-totals equal the calculated amounts making up each sub-total and total. These tests are failed when the individual items fail to calculate to the amounts shown on the forms.
- *Missing schedules*—These tests verify that, when a filer answers "yes" to one or more of the questions on the Form 5500 Series requiring schedules to be attached or when information on the financial statements indicate that schedules are required to be attached—that the schedules are actually attached.
- *Financial activity*—These tests determine if the filer answered narrative questions on Form 5500-C/R when financial activity took place.
- *Missing amount*—These tests determine if the filer failed to insert the dollar amount of transactions when answering "yes" to certain narrative questions on Form 5500-C/R and failed to indicate dollar amounts in the space provided after answering "Yes" to questions or marking appropriate box(es) on Form 5500 Series.
- *Non-exempt*—These tests determine if the filer failed to answer narrative questions on Form 5500 which are required to be answered when the plan is not exempt from attaching an independent accountant's report.
- *Missing specify/explain*

information—These tests determine that when "specify" or "explain" are indicated on the Form 5500 Series, a narrative explanation has been provided with the filing.

- *Final Report*—This test determines if the report is actually a final filing based on answers to certain questions.

Correspondence to Plan Administrators

The computerized edit system will generate correspondence to plan administrators for any Form 5500 Series filing which has failed at least one edit test. The correspondence will contain the following information:

- general information explaining to the plan administrator the purpose of the correspondence, how to submit missing or revised information, and what enforcement action may be taken if no response is received and,
- specific information which relates to the edit test failures noted in the filing. This will indicate what needs to be changed in order to correct the reporting deficiency.

POTENTIAL FILING ERRORS AND HOW TO AVOID THEM

As explained in previous sections of this publication, the 1990 Form 5500 Series reports will be subjected to review to determine their compliance with the filing requirements. Both the Internal Revenue Service and the Department of Labor would like to minimize the amount of correspondence sent to plan administrators for deficient filings. This section provides information on the potential errors by filers and how to prevent them in the 1990 Form 5500 Series filings.

Potential Errors by Filers

The potential errors considered most likely to be committed by filers are: (1) omission of necessary information; and (2) attaching supplemental information to the forms instead of completing the necessary line items.

Omission of Necessary Information

The forms, among other things, will be subjected to a review that includes the checking of specific data elements as well as checking for omissions, such as missing signature, missing financial data and missing independent qualified public accountant's report. It is stressed that all items on the forms must be completed as required by the instructions. To enter none for monetary amounts, you may enter a zero (0) or leave the line blank.

Failure to Completely Answer Multiple Part Questions

A second potential error is the failure to completely answer multiple part questions. For all multiple part questions, you must answer all parts as directed. The computerized edit program is designed to identify any multiple part questions which have not been completely answered.

Attaching Supplemental Information to the Forms

The third potential error relates to attaching supplemental explanations to the forms. Due to the new computerized edit system, use of the phrase "see attached," or similar wording, is not an acceptable answer in place of entering information on the forms.

How to Prevent Errors on Your 1990 Form 5500

To assist plan administrators in preventing potential errors and understanding and resolving correspondence received from the IRS, this publication includes the following information:

- *Guidelines for Completing Form 5500 Series*—This section consists of an item-by-item check of each line item for each form. Filers should refer to this section when completing their respective Form 5500. The following edit test failures are designed to assist the filers to understand the errors noted in the correspondence received from the IRS.
- *Edit Test Failures With Common Explanations, Form 5500;*
- *Edit Test Failures With Common Explanations,*

Form 5500-C/R 5500-C Filers);

- *Edit Test Failures with Common Explanations, Form 5500-C/R (5500-R Filers); and*
- *Edit Test Failures With Special Explanations, Form 5500 Series*—This section focuses on potential errors, the form affected, the line item and corrective action required.

COMPLIANCE/PENALTY SANCTIONS

Plan administrators should be aware that there are penalties which may be assessed for failing to comply with the annual reporting requirements. The Department of Labor has authority to assess civil penalties of up to $1,000 per day per annual report against plan administrators who fail or refuse to comply with all annual reporting requirements. These civil sanctions apply with respect to all annual reports required to be filed for plan years beginning on or after January 1, 1988.

Voluntary Compliance

If a review of a Form 5500 Series submission indicates that some of the required information is either omitted or the information furnished was not consistent with the instructions, or with other information reported on the form, the filer will receive correspondence from the IRS requesting that the correct information be provided. This correspondence is designed to achieve voluntary compliance with the reporting requirements.

Civil Penalty Sanctions

If voluntary compliance is not achieved, the Department of Labor may assess civil penalty sanctions under section 502(c)(2) of ERISA which provides that:

> The Secretary may assess a civil penalty of up to $1,000 a day from the date of plan administrator's failure or refusal to file the annual report required to be filed with the Secretary under section 101(b)(4). For purposes of this paragraph, an annual report that has been rejected under section 104(a)(4) for failure to provide "material information" shall not be treated as having been filed with the Secretary.

Under the Department of Labor's implementing regulations, the penalty is computed from the date on which the administrator failed or refused to file the required information, and continues until a satisfactory annual report is filed.

The regulation defines "a failure or refusal to file" as a failure or refusal to file, in whole or in part, the information required by ERISA and the Department's regulations at the time and in the manner prescribed for annual report filings.

The regulation also allows the Department to waive all or part of a penalty if an administrator files a timely statement showing reasonable cause for failure to file a complete report when due.

The period during which a statement of reasonable cause is being considered by the Department will not be taken into account for purposes of computing the penalty.

Rely on 1990 Instructions

This publication is not intended to cover every aspect of completing the annual report

forms, it presents those errors which are considered most likely to be made by filers.

Plan administrators should always refer to, and rely on the 1990 instructions for the Form 5500 Series.

WHERE TO FILE THE 1990 FORM 5500 SERIES

If the principal office of the plan sponsor or the plan administrator is located in:

Connecticut, Delaware, District of Columbia, Foreign Address, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Puerto Rico, Rhode Island, Vermont, Virginia—use the following Internal Revenue Service Center address: Holtsville, NY 00501

If the principal office of the plan sponsor or the plan administrator is located in:

Alabama, Alaska, Arkansas, California, Florida, Georgia, Hawaii, Idaho, Louisiana, Mississippi, Nevada, North Carolina, Oregon, South Carolina, Tennessee, Washington—use the following Internal Revenue Service Center address: Atlanta, GA 39901

If the principal office of the plan sponsor or the plan administrator is located in:

Arizona, Colorado, Illinois, Indiana, Iowa, Kansas, Kentucky, Michigan, Minnesota, Missouri, Montana, Nebraska, New Mexico, North Dakota, Ohio, Oklahoma, South Dakota, Texas, Utah, West Virginia, Wisconsin, Wyoming—use the following Internal Revenue Service Center address: Memphis, TN 37501

All Form 5500EZ and electronic filers—use the following Internal Revenue Service Center address: Andover, MA 05501

GENERAL GUIDELINES
TO COMPLETING FORM 5500 SERIES

GUIDELINES FOR COMPLETING FORM 5500
and Schedule C

NOTE: CERTAIN FRINGE BENEFIT PLANS (I.E., CERTAIN CODE SECTIONS 120, 125 AND 127 ARRANGEMENTS) WHICH FILE ONLY BECAUSE OF INTERNAL REVENUE CODE SECTION 6039D MUST COMPLETE THE FOLLOWING ITEMS ONLY: 1 through 6a, 7a(4), 7b, 9a, 9b, 22h, 22m, 35g, 35h and signatures and dates. Certain Code section 403(b)(1), 403(b)(7) and 408 plans need complete only items 1-5, 6b (enter code 4, 5 or 6) and 9.

Line Item	Who Must Complete	How to Complete
A (1)	All plans	Check box if this is the first return/report filed for the plan
A (2)	All plans	Check box if this is an amended return/report.
A (3)	All plans	Check box if this is the final return/report filed for the plan.
A (4)	All plans	Check box if this is a short plan year return/report (less than 12 months).
B	All plans	Check box if any change has been made to page 1.
C	All plans	Check box if the plan year has changed since the last return/report.
1a	All plans	Review and correct the preprinted information or enter the sponsor name and address.
1b	All plans	Review and correct the preprinted information or enter the 9 digit Employer Identification Number (EIN).

NOTE: For preprinted forms, review all preprinted information and line through all incorrect information in items 1 through 6b and write in the correct information

GUIDELINES FOR COMPLETING FORM 5500 (continued)

Line Item	Who Must Complete	How to Complete
1c	All plans	Review and correct the preprinted information or enter the sponsor's telephone number.
1d	All plans	Review and correct the preprinted information or enter the business code. Check the list of business codes in the instructions. Make sure the code entered is one found on that list.
1e	All plans which entered A or B in Item 4 and whose sponsor has been assigned a CUSIP issuer number for the purpose of issuing public securities	Review and correct the preprinted information or enter the CUSIP issuer number.
2a	All plans	Review and correct the preprinted information or enter "same" if same as sponsor, or complete name and address of plan administrator.
2b	All plans which did not record "same" in 2a	Review and correct the preprinted information or enter the plan administrator's employer identification number (EIN).
2c	All plans which did not record "same" in 2a	Review and correct the preprinted information or enter the plan administrator's telephone number.
3	Complete this item only if page 1 is not preprinted and the plan	

NOTE: For preprinted forms, review all preprinted information and line through all incorrect information in items 1 through 6b and write in the correct information

GUIDELINES FOR COMPLETING FORM 5500 (continued)

Line Item	Who Must Complete	How to Complete
3 (cont'd.)	sponsor or plan administrator is different from the last report filed for this plan.	
4	All plans	Review and correct the preprinted information or enter only one code. See instructions for definitions.
5a(1)	All plans	Review and correct the preprinted information or enter the name of the plan.
5a(2)	All plans	Enter "yes" or "no" as to whether the plan covers self-employed individuals.
5b	All plans	Review and correct the preprinted information or
5b (cont'd.)		enter the month, day and year the plan became effective. The effective date of the plan should never change.
5c	All plans	Review and correct the preprinted information or enter 3 digit plan number. This number cannot change unless the EIN of the plan is changed and cannot be used for more than one plan. Pension plans must be numbered 001-500.
6a(1)	All plans with welfare and/or fringe benefits	Review and correct the preprinted information or enter all applicable codes.
6a(2)	All plans with codes M, N, or O in item 6a(1)	Check "yes" or "no". (See instructions for definition of unfunded.)

GUIDELINES FOR COMPLETING FORM 5500 (continued)

Line Item	Who Must Complete	How to Complete
6b	All pension plans. Plan number must be between 001 and 500, inclusive	Review and correct preprinted information or enter applicable codes.
Signature/ Date	All plans	The form must be signed (the name(s) of the individual(s) signing must be printed or typed under each signature) and dated by the plan sponsor/employer and/or the plan administrator, as applicable. See instructions for details.
6c(1) through (8)	Plans which contain these features	Check all applicable boxes.
6c(5)	Plans which participate in master trusts	Enter the name of the trust and the bank or financial institution and city and state where the trust is maintained in the space provided.
6c(5) (cont'd.)		
6c(6)	Plans which participate in 103-12 Investment Entities	Enter the name and address of the 103-12 Investment Entity in the space provided.
6c(7) and (8)	A plan participating in a common/collective trust (CCT) or pooled separate account (PSA) must attach either (1) the most recent statement of the assets and liabilities of any CCT and/or PSA, or (2) a certification that (A) the statement has

NOTE: Plans checking Box 1 (ESOP) and/or Box 2 (Leveraged ESOP) may be liable to file and attach Schedule E (Form 5500). Also if you check Box (5) Master Trust, (6) 103-12 Investment entity, (7) Common/collective trust and/or (8) Pooled-separate account, you MUST enter a dollar figure on lines 34c(13), 34c(14), 34c(11) and 34c(12) respectively. Failure to follow the above instructions will result in correspondence.

GUIDELINES FOR COMPLETING FORM 5500 (continued)

Line Item	Who Must Complete	How to Complete
6c(7) and (8) (cont'd.)	been submitted directly to DOL by the financial institution or insurance carrier; (B) the plan has received a copy of the statement; and (C) includes the EIN and other numbers used by the financial institution or insurance carrier to identify the trust or account in the direct filing made with DOL.	
6d	All single employer pension plans	Enter month, day and year of tax year end of employer in which plan year ends.
6e	All pension plans	Check yes or no.
6f	All pension plans	Check yes or no.
7a(1-3)	All pension plans	Enter the correct numbers in the appropriate boxes. See instructions for definitions.
7a(4)	All plans	Enter the total number of active participants.
7b	All plans (see note on fringe benefit plans)	Enter the correct number.
7c	All pension and welfare plans	Enter the correct number.
7d	All pension and welfare plans	enter the sum of items 7a(4), 7b and 7c.
7e	All pension plans	Enter the correct number.
7f	All pension plans	Enter the sum of 7d and 7e.

GUIDELINES FOR COMPLETING FORM 5500 (continued)

Line Item	Who Must Complete	How to Complete
7g	All pension plans	Enter the number of participants with account balances.
7h(1)	All pension plans	Check yes or no.
7h(2)	All pension plans which checked "yes" in 7h(1)	Enter the correct number.
8a	All pension and welfare plans	Check yes or no.
8b	All pension and welfare plans	Enter the month, day and year of the most recent plan amendment.
8c	All pension plans	Check yes or no.
8d	All pension and welfare plans	Check yes or no.
8e	All plans	Check yes or no.
8f	All plans which checked "yes" in 8e	Check yes or no.
9a	All plans	Check yes or no. If you check "yes", you must enter the year.
9b	All plans	Check yes or no.
9c	All pension and welfare plans	Check yes or no.
9d	All pension plans which checked "yes" in 9a or 9c	Check yes or no.
9e	All pension plans which checked "no" in 9d	Check yes or no.
9f	All pension and welfare plans which checked "yes" in 9a or 9c	Check yes or no.

GUIDELINES FOR COMPLETING FORM 5500 (continued)

Line Item	Who Must Complete	How to Complete
9g	All pension plans which checked "yes" in 9a and are covered by PBGC	Check yes or no.
9h	All pension plans	Check yes or no.
9i	All pension plans which checked "yes" in 9h	Enter amount of tax paid with Form 5330.
10a	All pension and welfare plans	Check yes or no.
10b	All pension and welfare plans which checked "yes" in 10a	Enter the name(s) of the other plan(s).
10c	All plans which checked "yes" in 10a	Enter the employer identification number(s) (EIN) of the other plan(s).
10d	All plans which checked "yes" in 10a	Enter the plan number(s) of the other plan(s).
10e	All pension plans	Check yes or no.
11	All pension and welfare plans	Enter the plan funding arrangement code: 1) Trust; 2) Trust and Insurance; 3) Insurance; 4) Unfunded; 5) Partially insured and partially unfunded; 6) Other - NOTE: If you attach Schedule(s) A, you must enter 2, 3, or 5 in item 11 and/or 12 as applicable.
12	All pension and welfare plans	Enter the plan benefit arrangement code: 1) Trust; 2) Trust and Insurance; 3) Insurance; 4) Unfunded; 5) Partially insured and partially unfunded; 6) Other - NOTE: If you attach Schedule(s) A, you must enter 2, 3, or 5 in item 11 and/or 12 as applicable.

GUIDELINES FOR COMPLETING FORM 5500 (continued)

Line Item	Who Must Complete	How to Complete
13a	All pension and welfare plans	Check yes or no. Plans with code C or D in Item 4 must check "yes".
13b	All plans which checked "yes" in 13a and/or all plans which entered code C or D in Item 4	Enter up to three LM numbers on the form and, if there are more than three sponsoring labor organizations, attach an additional list of numbers. See instructions for additional information.
14	All pension and welfare plans	Enter the number of schedules A attached. If the plan funding or benefit arrangement code is 2, 3 or 5 at least one schedule A must be attached. Check to determine that the actual number of schedules A attached matches the number entered here. Record a -0- if no schedules A are attached.

WELFARE PLANS DO NOT COMPLETE ITEMS 15 THROUGH 27; GO TO ITEM 28

Line Item	Who Must Complete	How to Complete
15a	All defined benefit pension plans	Check yes or no. If you check "yes" you must attach Schedule B.
15b	All defined contribution pension plans	Check yes or no.
15b(1)	All plans which checked "yes" in 15b (unless the waived funding deficiency is being amortized in the current plan year)	Enter the dollar amount.

GUIDELINES FOR COMPLETING FORM 5500 (continued)

Line Item	Who Must Complete	How to Complete
15b(2)	All plans which checked "yes" in 15b (unless the waived funding deficiency is being amortized in the current plan year)	Enter the dollar amount and the date of the last payment by the employer.
15b(3)	All plans which checked "yes" in 15b (unless the waived funding deficiency is being amortized in the current plan year)	Enter the funding deficiency if there is one; otherwise enter zero. If the amount is greater than zero, file Form 5330.
16	All pension plans	Check yes or no.
17	All pension plans	Check yes or no.
18a through 18d	All pension plans	Check yes or no.
19	All pension plans	Check yes or no.
20	All pension plans	Check yes or no.
21	All pension plans	Check yes or no.

NOTE: FOR PURPOSES OF FILNG REQUIRED ONLY BECAUSE OF CODE SECTION 6039D, COMPLETE ONLY ITEMS 22b AND 22m. FOR ITEM 22, SEE INSTRUCTIONS FOR ADDITIONAL DETAILS.

22a	All pension plans	Check yes or no.
22b	All pension plans which checked "yes" in 22a	Enter the correct number.
22c	All pension plans	Check yes or no.
22d	All pension plans	Check yes or no.
22e	All pension plans	Check yes or no.
22f(1)	All pension plans not checking 22f(2)	Check box.
22f(2)	All pension plans not checking 22f(1)	Check box.
22g	All pension plans	Check yes or no.

GUIDELINES FOR COMPLETING FORM 5500 (continued)

Line Item	Who Must Complete	How to Complete
22h	All pension and fringe benefit plans	Enter the correct number.
22i	All pension plans	Enter the correct number.
22j	All pension plans	Subtract line 22i from 22h and enter the correct number.
22k	All pension plans answering line 22i	Check yes or no.
22l	All pension plans answering line 22j	Enter the correct number.
22m	All pension and fringe benefit plans	Enter the correct number.
22n	All pension plans answering line 22m	Enter the correct number.
22o(1)	All pension plans not checking 22o(2)	Check box.
22o(2)	All pension plans not checking 22o(1)	Check box and compute ratio.
23a	All pension plans	Check yes or no.
23b	All pension plans which checked "yes" in 23a	Enter the month and year.
23c	All pension plans which checked "yes" in 23a	Check yes or no.
24a	All pension plans with ESOP features	Check yes or no.
24b	All plans which checked "yes" in 24a	Check yes or no.
24c	All plans which checked "yes" in 24a	Enter the amount of ESOP dividends used to make payments on ESOP loans.
25	All pension plans	Check yes or no.

GUIDELINES FOR COMPLETING FORM 5500 (continued)

Line Item	Who Must Complete	How to Complete
26	All pension plans	Check yes or no. If you checked "yes", enter the total number of plans, including this one.
27	All pension plans which are an adoption of a master, prototype or regional prototype plan	Check the appropriate box.
28a	All pension and welfare plans	Check yes or no. If you checked "yes", complete Part I of Schedule C and attach to Form 5500.
28b	All pension and welfare plans	Check yes or no. If you checked "yes", complete Part II of Schedule C and attach to Form 5500.
28c	All pension and welfare plans	Check yes or no. If you checked "yes," complete Part III of Schedule C and attach to Form 5500.
28d	All plans which checked "yes" in 28c	Check all boxes that apply. Fill out Schedule C, Part III for terminated service providers and attach to Form 5500.
28e	All plans which checked "yes" in 28c	Check yes or no.
28f	All plans which answered 28c "yes" and which checked 28d(1) or 28d(2)	Check yes or no.

NOTE: IF YOU ARE UNSURE WHETHER THE PLAN IS REQUIRED TO ENGAGE AN INDEPENDENT QUALIFIED PUBLIC ACCOUNTANT TO AUDIT THE PLAN'S FINANCIAL STATEMENTS AND RENDER AN OPINION, IT IS VERY IMPORTANT FOR YOU TO READ THE APPLICABLE INSTRUCTIONS. BECAUSE A NUMBER OF MONTHS CAN PASS FROM THE TIME AN AUDIT IS ARRANGED UNTIL THE ACCOUNTANT'S OPINION IS ISSUED, IT IS IMPORTANT TO ARRANGE FOR THE AUDIT IN SUFFICIENT TIME TO INSURE THAT THE OPINION IS ISSUED IN TIME TO BE ATTACHED TO THE FORM 5500.

GUIDELINES FOR COMPLETING FORM 5500 (continued)

Line Item	Who Must Complete	How to Complete
28g	All pension and welfare plans	Record the number of Schedule(s) C attached. If 28a, 28b or 28c is yes, at least one Schedule C must be attached. Check to determine that the actual number of Schedule(s) C attached matches the number entered here. Record a -0- if no Schedule(s) C are attached.
29a	All pension and welfare plans	Check yes or no. Only two types of plans should check yes: 1) Welfare plans which are unfunded, fully insured or a combination of fully insured and unfunded. 2) Pension plans whose sole asset(s) consists of insurance contracts which provide that, upon
29a (cont'd.)		receipt of the premium payment, the insurance carrier fully guarantees the amount of benefit payments attributable to plan participants for that plan year. For additional information and definitions, see instructions.
29b	All plans which checked "no" in 29a	Check the appropriate box and attach the independent qualified public accountant's report including any applicable financial statements, footnotes or related schedules.
29b(5)	All plans whose accountant's opinion is not described in categories (1) (4)	Check the box and specify the nature of the opinion. If more space is required, attach a

GUIDELINES FOR COMPLETING FORM 5500 (continued)

Line Item	Who Must Complete	How to Complete
29b(5) (cont'd.)		separate page with the plan's EIN/PN and "item 29b(5)" clearly marked and continue the explanation. Plans deferring the accountant's opinion because of a short plan year should see the instructions to 29a.
29c	All plans which checked "no" in 29a	Check yes or no. (See Note)
29d	All plans which checked "yes" in 29c	Enter the total amount involved in such disclosure.
30a	All plans which checked "no" in 29a, unless all plan assets are held in a master trust	Check yes or no. You may not use "N/A" in response to this item. If you check "yes", you must attach one or both schedules indicated in the instructions.
30b	All plans which checked "no" in 29a, unless all plan assets are held in a master trust	Check yes or no. You may not use "N/A" in response to this item. If you check "yes", you must attach the required schedule. (See instructions for proper format and identification of the schedule).

NOTE: IF YOU HAVE DEFERRED, FOR ONE PLAN YEAR, ATTACHING THE ACCOUNTANT'S OPINION AS ALLOWED BY 29 CFR 2520.104-50, YOU SHOULD CHECK THE "NO" BOX FOR ITEMS 29c AND 30e.

NOTE: IF YOU CHECKED "YES" TO ANY BOX FOR 30a THROUGH 30f, YOU MUST IDENTIFY AND ATTACH THE APPLICABLE SCHEDULES IN THE FORMAT PRESCRIBED IN THE INSTRUCTIONS

GUIDELINES FOR COMPLETING FORM 5500 (continued)

Line Item	Who Must Complete	How to Complete	Line Item	Who Must Complete	How to Complete
30c	All plans which checked "no" in 29a, unless all plan assets are held in a master trust	Check yes or no. You may not use "N/A" in response to this item. If you check "yes", you must attach the required schedule. (See instructions for proper format and identification of the schedule).	30e	All plans which checked "no" in 29a unless all plan assets are held in a master trust	Check yes or no. You may not use "N/A" in response to this item. If you check "yes", you must attach the required schedule. (See instructions for proper format and identification of the schedules).
30d	All plans which checked "no" in 29a unless all plan assets are held in a master trust	Check yes or no. You may not use "N/A" in response to this item. If you check "yes", you must attach the required schedule. (See instructions for proper format and identification of the schedule).	30f	All plans which checked "no" in 29a unless all plan assets are held in a master trust	Check yes or no. You may not use "N/A" in response to this item. If you check "yes", you must attach the required schedule. (See

NOTE: IF YOU HAVE DEFERRED, FOR ONE PLAN YEAR, ATTACHING THE ACCOUNTANT'S OPINION AS ALLOWED BY 29CFR 2520.104-50, YOU SHOULD CHECK THE "NO" BOX FOR ITEMS 29c AND 30c.

IF YOU CHECKED "YES" TO ANY BOX FOR 30a THROUGH 30f, YOU MUST IDENTIFY AND ATTACH THE APPLICABLE SCHEDULES IN THE FORMAT PRESCRIBED IN THE INSTRUCTIONS

GUIDELINES FOR COMPLETING FORM 5500 (continued)

Line Item	Who Must Complete	How to Complete
30f (cont'd.)		instructions for proper format and identification of the schedules).
30g	All plans which checked "no" in 29a	Check yes or no.
30h	All plans which checked "no" in 29a	Check yes or no.
30i	All plans which checked "no" in 29a	Check yes or no.
31	All pension and welfare plans	Check yes or no.
32a(1)	All pension and welfare plans	Check yes or no.
32a(2)	All plans which checked "yes" in 32a(1)	Enter the amount of the bond. Round off to the nearest dollar.
32a(3)	All plans which checked "yes" in 32a(1)	Enter the full name of the Surety company which provides bonding coverage.
32b(1)	All pension and welfare plans	Check yes or no.
32b(2)	All plans which checked "yes" in 32b(1)	Enter the amount of the loss. Round off to the nearest dollar.
33a	All pension plans	Check one box.
33b	All pension plans which checked "yes" or "not determined" in 33a	Enter the EIN and Plan Number used to identify the plan.
34 and 35	All plans which are not fully insured, unfunded or unfunded/insured welfare plans or fully insured pension plans, and certain 403(b)(1),	Complete each item to statements of assets and liabilities (34) and income and expenses (35) accurately. Refer to the instructions for line item

GUIDELINES FOR COMPLETING FORM 5500 (continued)

Line Item	Who Must Complete	How to Complete
34 and 35 (cont'd.)	certain 403(b)(7) and 408 arrangements. Fringe benefit plans which file only because of Internal Revenue Code Section 6039D should only complete 35g and 35h. For detailed information see instructions.	definitions. Correct procedures for Subtotals and Totals are described below. You are not permitted to mark through any line item(s) and insert your own description. Round off all amounts to the nearest dollar. DO NOT WRITE "THOUSANDS OF DOLLARS" AT THE TOP OF THE PAGE.
34b(6)	All pension and welfare plans with receivable amounts	Add items 34b(1) through 34b(4) less 34b(5) and enter the total.

Line Item	Who Must Complete	How to Complete
34c(18)	All pension and welfare plans with general investments	Add items 34c(1) through 34c(17) and enter the total.
34f	All pension and welfare plans with assets at any time during the plan year	Add items 34a, 34b(6), 34c(18), 34d(1), 34d(2) and 34e and enter the total. Enter - 0 - if there are no assets.
34k	All pension and welfare plans	Add items 34g through 34j and enter the total. Enter - 0 - if there no liabilities.
34l	All pension and welfare plans	Subtract line 34k from 34f and enter the result. Enter - 0 - if there no net assets.

NOTE: FINANCIAL INFORMATION CANNOT BE REPORTED AS ROUNDED TO "THOUSANDS" OR "MILLIONS" OF DOLLARS.

NOTE: ITEM 34l COLUMN (a) + 35i + 35j MUST EQUAL 34l COLUMN (b).

NOTE: IF YOU ENTERED AN AMOUNT ON LINES 34c(11) THROUGH 34c(14), YOU MUST CHECK THE APPROPRIATE BOX IN ITEMS 6c(5) THROUGH 6c(8). FAILURE TO FOLLOW THESE INSTRUCTIONS WILL RESULT IN CORRESPONDENCE.

GUIDELINES FOR COMPLETING FORM 5500 (continued)

Line Item	Who Must Complete	How to Complete
35a(2) column (b)	All pension and welfare plans with contributions	Add items 35a(1)(A)-(C) and 35a(2) in column (a) and enter the total in column (b).
35b(1)(G) column (b)	All pension and welfare plans with interest on investments	Add items 35b(1)(A) through 35b(1)(G) and enter the total in column (b).
35b(2)(B) column (b)	All pension and welfare plans with dividend earnings on investments	Add items 35b(2)(A) and 35b(2)(B) and enter the total.
35b(4)(B) column (b)	All pension and welfare plans with gains or losses for the plan year on the sale of assets	Subtract 35b(4)(B) column (a) from 35b(4)(A) column (a) and enter the results. A negative result should be entered in parentheses.
35d	All pension and welfare plans with income	Add items 35a column (b) - 35c column (b) and enter the total.
35e(3) column (b)	All pension and welfare plans with benefit payments or payments to provide benefits	Add items 35e(1) column (a) through 35e(3) column (a) and enter the total in column (b).
35g(9) column (b)	All plans with administrative expenses	Add items 35g(1) column (a) through 35g(9) column (a) and enter the total in column (b).
35h	All plans with expenses	Add items 35e(3) column (b), 35f column (b) and 35g column (b) and enter the total.

NOTE: IF YOU ENTERED AN AMOUNT ON LINES 35 b(6) THROUGH 35b(9), YOU MUST CHECK THE APPROPRIATE BOX IN ITEMS 6c(5) through 6c(8). FAILURE TO FOLLOW THESE INSTRUCTIONS WILL RESULT IN CORRESPONDENCE.

NOTE: FINANCIAL INFORMATION CANNOT BE REPORTED AS ROUNDED TO "THOUSANDS" OR "MILLIONS" OF DOLLARS.

GUIDELINES FOR COMPLETING FORM 5500 (continued)

Line Item	Who Must Complete	How to Complete	Line Item	Who Must Complete	How to Complete
35i	All plans with income and/or expenses	Subtract 35h from 35d and enter the result. Enter negative numbers in parenthesis.	35l	All pension and welfare plans with assets and liabilities and/or income and expenses	The amount must equal both 34l column (b) and also the sum of 35k plus 35i and 35j.
35k	All pension and welfare plans which are required to complete the statements of assets and liabilities and income and expenses	This amount must equal 34l column (a).	36	All pension and welfare plans except fringe benefit plans and those not required to complete items 34 and 35	Check yes or no.

GUIDELINES FOR COMPLETING SCHEDULE C

PART I	Plans which checked "yes" on Form 5500 item 28a	Enter required information in item 2. Also enter the correct	PART I (cont'd.)	amount in item 1 (see instructions).

NOTE: 1) AN EIN MUST BE PROVIDED BY THE PLAN FOR EACH SERVICE PROVIDER LISTED. THE PLAN SHOULD TAKE STEPS TO OBTAIN MISSING SERVICE PROVIDER EIN's IN SUFFICIENT TIME TO ENSURE THAT THEY ARE AVAILABLE BY THE TIME THE FORM IS REQUIRED TO BE FILED.

2) AFTER THE CONTRACT ADMINISTRATOR IS LISTED ON ITEM 2 LINE (1) (IF APPLICABLE), ALL OTHER SERVICE PROVIDERS MUST BE LISTED IN DESCENDING ORDER BASED ON TOTAL SALARIES AND ALLOWANCES AND/OR FEES AND COMMISSIONS PAID TO THEM.

3) ADDITIONAL SCHEDULE(S) C SHOULD BE USED IF THERE ARE MORE THAN 40 SERVICE PROVIDERS TO BE LISTED. THE TOTAL NUMBER OF SCHEDULE(S) C MUST BE LISTED IN ITEM 28g OF FORM 5500.

4) ADDITIONAL SCHEDULE(S) C SHOULD BE USED TO LIST ADDITIONAL PERSONS IN PARTS I, II AND/OR III

GUIDELINES FOR COMPLETING SCHEDULE C (continued)

Line Item	Who Must Complete	How to Complete
ITEM 2	Line (1)	Plans which checked "yes" on Form 5500 item 28a and use contract administrators - Enter the correct information. See instructions for definition of contract administrator.
ITEM 2	Line (2) through (40)	Plans which checked "yes" on Form 5500 item 28a - Enter the information in the order of the compensation received (highest to lowest).

Line Item	Who Must Complete	How to Complete
Information required for each service provider:		
Column (a)	Name of Service Provider	Record a legible name for each service provider.
Column (b)	EIN of Service Provider	For each service provider listed in column (b), enter a valid employer identification number.
Column (c)	Official plan position	Enter the official plan position.
Column (d)	Relationship	Enter the relationship.
Column (e)	Gross salary or allowances	Enter the dollar amount paid by the plan.

NOTE: 1) AN EIN MUST BE PROVIDED BY THE PLAN FOR EACH SERVICE PROVIDER LISTED. THE PLAN SHOULD TAKE STEPS TO OBTAIN MISSING SERVICE PROVIDER EIN's IN SUFFICIENT TIME TO ENSURE THAT THEY ARE AVAILABLE BY THE TIME THE FORM IS REQUIRED TO BE FILED.

2) AFTER THE CONTRACT ADMINISTRATOR IS LISTED, IN ITEM 2 LINE (1) ALL OTHER SERVICE PROVIDERS MUST BE LISTED IN DESCENDING ORDER BASED ON TOTAL SALARIES AND ALLOWANCES AND/OR FEES AND COMMISSIONS PAID TO THEM.

3) ADDITIONAL SCHEDULE(S) C SHOULD BE USED TO LIST ADDITIONAL PERSONS IN PARTS I, II AND/OR III.

4) THE TOTAL NUMBER OF SCHEDULE(S) C MUST BE LISTED IN ITEM 28g OF FORM 5500

GUIDELINES FOR COMPLETING SCHEDULE C (continued)

Line Item	Who Must Complete	How to Complete
Column (f)	Fees and commissions paid by the plan	Enter the dollar amount paid by the plan.
Column (g)	Nature of service code	Enter one valid code which best describes the nature of service. (See instructions).
Part II	All plans with trustees which checked "yes" on Form 5500 item 28b	Enter the name and address of each trustee in the spaces provided.
Part III	All plans which checked "yes" on Form 5500 item 28c	Enter legible name(s), valid 9 digit EIN, position, address and telephone number of each terminated service provider. Enter the explanation for the termination.

GUIDELINES FOR COMPLETING FORM 5500-C
PAGES 1, 3, 4, 5, and 6 of the Form 5500-C/R

NOTE: FRINGE BENEFIT PLANS WHICH FILE ONLY BECAUSE OF INTERNAL REVENUE CODE SECTION 6039D MUST COMPLETE THE FOLLOWING ITEMS ONLY: 1 through 6a, 7a, 9a, 9b, 22h, 22m, 31h and 31j. Certain code section 403(b)(1), 403(b)(7) and 408(c) plans need only complete items 1 through 5, 6b (enter code 4, 5, or 6) and 9.

Line Item	Who Must Complete	How to Complete
A (1)	All plans	Check box if this is the first return/report filed for the plan.
A (2)	All plans	Check box if this is an amended return/report.
A (3)	All plans	Check box if this is the final return/report filed for the plan.
A (4)	All plans	Check box if this is a short plan year return/report (less than 12 months).
A (5)	5500-C filers	Check box if filing Form 5500-C.
A (6)	5500-R filers	Check box if filing Form 5500-R.
B	All plans	Check box if any change has been made to the preprinted information or any incomplete information has been completed in 1a through 6b.
C	All plans	Check box if the plan year has changed since the last return/report.

NOTE: FOR PREPRINTED FORMS, REVIEW ALL PREPRINTED INFORMATION AND LINE THROUGH ALL INCORRECT INFORMATION IN ITEMS 1 THROUGH 6b AND WRITE IN THE CORRECT INFORMATION

GUIDELINES FOR COMPLETING FORM 5500-C
PAGES 1, 3, 4, 5, and 6 of the Form 5500-C/R (continued)

Line Item	Who Must Complete	How to Complete
1a	All plans	Review preprinted information and correct errors or enter the sponsor name and address.
1b	All plans	Review preprinted information and correct errors or enter the 9 digit Employer Identification Number (EIN).
1c	All plans	Review preprinted information and correct errors or enter the sponsor's telephone number.
1d	All plans	Review and correct preprinted information or enter the business code.
1d (cont'd.)		Check the list of business codes in the instructions. Enter code found on that list.
1e	All plans which entered A or B in Item 4 and whose sponsor has been assigned a CUSIP issuer number for the purpose of issuing public securities	Review preprinted information or enter the CUSIP issuer number.
2a	All plans	Review preprinted information and correct errors or enter "same" if same as sponsor, or complete name and address of plan administrator.

NOTE: FOR PREPRINTED FORMS, REVIEW ALL PREPRINTED INFORMATION AND LINE THROUGH ALL INCORRECT INFORMATION IN ITEMS 1 THROUGH 6b AND WRITE IN THE CORRECT INFORMATION

GUIDELINES FOR COMPLETING FORM 5500-C
PAGES 1, 3, 4, 5, and 6 of the Form 5500-C/R (continued)

Line Item	Who Must Complete	How to Complete
2b	All plans which did not record "same" in 2a	Review preprinted information and correct errors or enter the plan administrator's employer identification number (EIN).
2c	All plans which did not record "same" in 2a	Review preprinted information or enter the plan administrator's telephone number.
3	Complete this item only if page 1 is not preprinted and the plan sponsor or plan administrator is different from the last report filed for this plan.	
4	All plans	See instructions for definitions. Review preprinted information and correct errors or enter only one code.
5a(1)	All plans	Review preprinted information and correct errors or enter the name of the plan.
5a(2)	All plans	Enter "yes" or "no" as to whether the plan covers self-employed individuals.
5b	All plans	Review preprinted information and correct errors or enter month, day and year the plan became effective. The effective date of the plan should never change.

GUIDELINES FOR COMPLETING FORM 5500-C
PAGES 1, 3, 4, 5, and 6 of the Form 5500-C/R (continued)

Line Item	Who Must Complete	How to Complete
5c	All plans	Review preprinted information and correct errors or enter 3 digit plan number. This number cannot change unless the EIN of the plan is changed and cannot be used for more than one plan. Pension plans must be numbered 001-500.
6a(1)	All welfare plans and pension plans with any welfare benefits	Review preprinted information and correct errors or enter all applicable codes.
6a(2)	All plans with codes M, N or O in item 6a(1)	Check "yes" or "no". (See instructions for definition of unfunded).
6b	All pension plans. Plan number must be between 001 and 500, inclusive	Review preprinted information and correct errors or enter all applicable codes.
Signature/ Date	All plans	The form must be signed (the name(s) of the individual(s) signing must be printed or typed under each signature) and dated by the plan sponsor/employer and/or the plan administrator, as applicable. See instructions for details.

NOTE: PLANS CHECKING BOX 1 (ESOP) AND/OR BOX 2 (LEVERAGED ESOP) MUST FILE AND ATTACH SCHEDULE E (FORM 5500). SEE INSTRUCTIONS ON HOW TO OBTAIN A SCHEDULE E IF NECESSARY.

NOTE: FOR PREPRINTED FORMS, REVIEW ALL PREPRINTED INFORMATION AND LINE THROUGH ALL INCORRECT INFORMATION IN ITEMS 1 THROUGH 6b AND WRITE IN THE CORRECT INFORMATION.

GUIDELINES FOR COMPLETING FORM 5500-C
PAGES 1, 3, 4, 5, and 6 of the Form 5500-C/R (continued)

Line Item	Who Must Complete	How to Complete
6c(1) through (8)	Pension and Welfare plans which contain these features	Check all applicable boxes.
6c(5)	Pension and Welfare plans which participate in master trusts	Enter the name of the trust and the bank or financial institution and city and state where the trust is maintained in the space provided.
6c(6)	Pension and Welfare plans which participate in 103-12 Investment Entities	Enter the name and address of the 103-12 Investment Entity in the space provided.
6c(7) and (8)	A plan participating in a common/collective trust (CCT) or pooled separate account (PSA) must attach either (1) the most recent statement of the assets	
6c(7) and (8) (cont'd.)	and liabilities of any CCT and/or PSA, or (2) a certification that (A) the statement has been submitted directly to DOL by the financial institution or insurance carrier; (B) the plan has received a copy of the statement; and (C) . includes the EIN and other numbers used by the financial institution or insurance carrier to identify the trust or account in the direct filing made with DOL.	
6d	All single employer pension plans	Enter month, day and year of tax year end of employer in which plan year ends.

GUIDELINES FOR COMPLETING FORM 5500-C
PAGES 1, 3, 4, 5, and 6 of the Form 5500-C/R (continued)

Line Item	Who Must Complete	How to Complete
6e	All pension plans	Check yes or no.
6f	All pension plans	Check yes or no.
7a(1)	All plans	Enter the number of participants at the beginning of the year.
7a(2)	All plans	Enter the number of participants at the end of the year.
7(b)	All pension plans	Enter the correct number.
7(c)(1)	All pension plans	Check yes or no.
7(c)(2)	All pension plans which checked 'yes' in 7(c)(1)	Enter the correct number.
8a	All pension and welfare plans	Check yes or no.
8b	All pension and welfare plans	Enter the month, day and year of the most recent plan amendment.
8c	All pension plans	Check yes or no.
8d	All pension and welfare plans	Check yes or no.
8e	All pension and welfare plans which checked "yes" in 8a	Check yes or no.
8f	All pension and welfare plans which checked "yes" in 8e	Check yes or no.
9a	All plans	Check yes or no. If you check "yes", you must enter the year.
9b	All plans	Check yes or no.

GUIDELINES FOR COMPLETING FORM 5500-C
PAGES 1, 3, 4, 5, and 6 of the Form 5500-C/R (continued)

Line Item	Who Must Complete	How to Complete
9c	All pension and welfare plans	Check yes or no.
9d	All pension plans which checked "yes" in 9a or 9c	Check yes or no.
9e	All pension plans which checked "no" in 9d	Check yes or no.
9f	All pension and welfare plans which checked "yes" in 9a or 9c	Check yes or no.
9g	All pension plans which checked "yes" in 9a and are covered by PBGC	Check yes or no.
9h	All pension plans	Check yes or no.
9i	All pension plans which checked "yes" in 9h	Enter amount of tax paid with Form 5330.

Line Item	Who Must Complete	How to Complete
10a	All pension and welfare plans	Check yes or no.
10b	All pension and welfare plans which checked "yes" in 10a	Enter the name(s) of the other plan(s).
10c	All pension and welfare plans which checked "yes" in 10a	Enter the employer identification number(s) (EIN) of the other plan(s).
10d	All pension and welfare plans which checked "yes" in 10a	Enter the plan number(s) of the other plan(s).
10e	All pension plans	Check yes or no.
11	All pension and welfare plans	Enter the plan funding arrangement code: 1) Trust; 2) Trust and Insurance; 3) Insurance;

GUIDELINES FOR COMPLETING FORM 5500-C
PAGES 1, 3, 4, 5, and 6 of the Form 5500-C/R (continued)

Line Item	Who Must Complete	How to Complete
11 (cont'd.)		4) Unfunded; 5) Partially insured and partially unfunded; 6) Other - NOTE: If you attach Schedule(s) A, you must enter 2, 3, or 5 in item 11 and/or 12 as applicable.
12	All pension and welfare plans	Enter the plan benefit arrangement code: 1) Trust; 2) Trust and Insurance; 3) Insurance; 4) Unfunded; 5) Partially insured and partially unfunded; 6) Other - NOTE: If you attach Schedule(s) A, you must enter 2, 3, or 5 in item 11 and/or 12 as applicable.
13	All pension and welfare plans	Check yes or no. Plans with code C or D in item 4 must check "yes".
14	All pension and welfare plans	Enter the number of schedules A attached. If the plan funding or benefit arrangement code is 2, 3 or 5 at least one Schedule A must be attached. Check to determine that the actual number of Schedules A attached matches the number entered here. Record a -0- if no Schedules A are attached.

GUIDELINES FOR COMPLETING FORM 5500-C
PAGES 1, 3, 4, 5, and 6 of the Form 5500-C/R (continued)

Line Item	Who Must Complete	How to Complete
WELFARE PLANS DO NOT COMPLETE ITEMS 15 THROUGH 28; GO TO ITEM 29		
15a	All defined benefit pension plans	Check yes or no. If you check "yes", you must attach schedule B.
15b	All defined contribution pension plans	Check yes or no.
15b(1)	All plans which checked "yes" in 15b (unless the waived funding deficiency is being amortized in the current plan year)	Enter the dollar amount.
15b(2)	All plans which checked "yes" in 15b (unless the waived funding deficiency is being amortized in the current plan year)	Enter the dollar amount and the date of the last payment by the employer.
15b(3)	All plans which checked "yes" in 15b (unless the waived funding deficiency is being amortized in the current plan year)	Enter the funding deficiency if there is one; otherwise enter zero. If the amount is greater than zero, file Form 5330.
16	All pension plans	Check yes or no.
17	All pension plans	Check yes or no.
18a through d	All pension plans	Check yes or no.
19	All pension plans	Check yes or no.
20	All pension plans	Check yes or no.
21	All pension plans	Check yes or no.

GUIDELINES FOR COMPLETING FORM 5500-C
PAGES 1, 3, 4, 5, and 6 of the Form 5500-C/R (continued)

Line Item	Who Must Complete	How to Complete
NOTE: For purposes of filing required only because of Code section 6039D, complete only items 22h and 22m. Multiple-employer plan (other) filers (code E in item 4) are not required to complete item 22. For item 22, see instructions for additional details.		
22a	All pension plans	Check yes or no.
22b	All pension plans which checked "yes" in 22a	Enter the correct number.
22c	All pension plans	Check yes or no.
22d	All pension plans	Check yes or no.
22e	All pension plans	Check yes or no.
22f(1)	All pension plans not checking 22f(2)	Check box.
22f(2)	All pension plans not checking 22f(1)	Check box.
22g	All pension plans	Check yes or no.
22h	All pension and fringe benefit plans	Enter the correct number.
22i	All pension plans	Enter the correct number.
22j	All pension plans	Subtract line 22i from 22h and enter the correct number.
22k	All pension plans answering line 22i	Check yes or no.
22l	All pension plans answering line 22j	Enter the correct number.
22m	All pension plans and fringe benefit plans	Enter the correct number.
22n	All pension plans answering line 22m	Enter the correct number
22o(1)	All pension plans not checking 22o(2)	Check box.

GUIDELINES FOR COMPLETING FORM 5500-C
PAGES 1, 3, 4, 5, and 6 of the Form 5500-C/R (continued)

Line Item	Who Must Complete	How to Complete
22o(2)	All pension plans not checking 22o(1)	Check box and compute ratio.
23a	All pension plans	Check yes or no.
23b	All pension plans which checked "yes" in 23a	Enter the month and year.
23c	All pension plans which checked "yes" in 23a	Check yes or no.
24a	All pension plans with ESOP features	Check yes or no.
24b	All plans which checked "yes" in 24a	Check yes or no.
24c	All plans which checked "yes" in 24a	Enter the amount of ESOP dividends used to make payments on ESOP loans.
25	All pension plans	Check yes or no.
26	All pension plans	Check yes or no. If you checked "yes", enter the total number of plans, including this one.
27	All pension plans which are an adoption of master, prototype or regional prototype	Check the appropriate box.
28a	All pension plans	Check one box.
28b	All pension plans which checked "yes" or "not determined" in 28a	Enter the EIN and Plan Number used to identify the plan.
29a	All pension and welfare plans	Check yes or no and if "yes" enter the amount.

NOTE: YOU MAY NOT USE "N/A" IN RESPONSE TO ITEM 29.

GUIDELINES FOR COMPLETING FORM 5500-C
PAGES 1, 3, 4, 5, and 6 of the Form 5500-C/R (continued)

Line Item	Who Must Complete	How to Complete
29b	All plans which checked "yes" in 29a	Enter the full name of the surety company which provides bonding coverage.
29c	All pension and welfare plans	Check yes or no and if "yes", enter the amount.
29d	All pension and welfare plans	Check yes or no and if "yes", enter the amount.
29e	All pension and welfare plans	Check yes or no and if "yes", enter the amount.
29f	All pension and welfare plans	Check yes or no and if "yes", enter the amount.
29g	All pension and welfare plans	Check yes or no and if "yes", enter the amount.
29h	All pension and welfare plans	Check yes or no and if "yes", enter the amount.
29i	All pension and welfare plans	Check yes or no and if "yes", enter the amount.
29j	All pension and welfare plans	Check yes or no.
29k	All pension and welfare plans	Check yes or no and if "yes", enter the amount.
29l	All pension and welfare plans	Check yes or no and if "yes", enter the amount.
29m	All pension and welfare plans	Check yes or no and if "yes", enter the amount.
29n	All pension and welfare plans	Check yes or no and if "yes", enter the amount.

NOTE: To enter none for monetary amounts you may enter a zero(0) or leave the line blank.

NOTE: YOU MAY NOT USE "N/A" IN RESPONSE TO ITEM 29.

GUIDELINES FOR COMPLETING FORM 5500-C
PAGES 1, 3, 4, 5, and 6 of the Form 5500-C/R (continued)

Line Item	Who Must Complete	How to Complete
29o	All pension and welfare plans	Check yes or no and if "yes", enter the amount.
30 and 31	All pension and welfare plans except fully insured pension plans. Fringe benefit plans which file only because of Internal Revenue Code Section 6039D should only complete 31h and 31j. For detailed information, see instructions	Complete each applicable item in the statement of assets and liabilities (30) and income and expenses (31). Refer to the instructions for line item definitions. Correct procedures for calculating Subtotals and Totals are described below. You are not permitted to mark through any line item(s) and insert your own description. Round off all amounts to nearest dollar.
30c(6)	All pension and welfare plans with investments	Add items 30c(1) through 30c(5) and enter the total.
30f	All pension and welfare plans with assets	Add items 30a, 30b, 30c(6), 30d, and 30e and enter the total.
30j	All pension and welfare plans with liabilities	Add items 30g, 30h, and 30i and enter the total.
30k	All pension and welfare plans with assets and/or liabilities	Subtract 30j from 30f and enter the result.
31b column (b)	All pension and welfare plans with contributions	Add 31a(4) and 31b column (a) and enter the total.
31e (specify)	All pension and welfare plans with other income	Specify the types(s) of other income.
31f column (b)	All pension and welfare plans with income	Add column (b) for 31b, 31c, 31d, and 31e and enter the total.

GUIDELINES FOR COMPLETING FORM 5500-C
PAGES 1, 3, 4, 5, and 6 of the Form 5500-C/R (continued)

Line Item	Who Must Complete	How to Complete	Line Item	Who Must Complete	How to Complete
31g(2) column (b)	All pension and welfare plans with benefit payments or payments to provide benefits	Add 31g(1) and 31g(2) column (a) and enter the total.	31k	All pension and welfare plans with income and expenses	Subtract 31j from 31f and enter the result. Enter negative numbers in parenthesis.
31j	All plans which entered expenses	Add 31g(2) column (b), 31h, 31i and enter the total.			

NOTE: 30k COLUMN (a) + 31k MUST EQUAL 30k COLUMN (b).

GUIDELINES FOR COMPLETING FORM 5500-R
Pages 1 and 2 of the Form 5500-C/R

NOTE: FRINGE BENEFIT PLANS WHICH FILE ONLY BECAUSE OF INTERNAL REVENUE CODE SECTION 6039D MUST COMPLETE THE FOLLOWING ITEMS ONLY: 1 through 6a, 6c, 7a and 14b. Certain Code section 403(b)(1), 403(b)(7) and 408(c) plans needs to complete the following items only: 1-5, 6b (enter code 4, 5 or 6) and 8.

Line Item	Who Must Complete	How to Complete
A (1)	All plans	Check box if this is the first return/report filed for the plan.
A (2)	All plans	Check box if this is an amended return/report.
A (3)	All plans	Check box if this is the final return/report filed for the plan.
A (4)	All plans	Check box if this is a short plan year return/report (less than 12 months).
A (5)	5500-C filers	Check box if filing Form 5500-C.
A (6)	5500-R filers	Check box if filing Form 5500-R.
B	All plans	Check box if any change has been made to the preprinted information or any incomplete information has been completed in 1a through 6b.
C	All plans	Check box if the plan year has changed since the last return/report.

NOTE: FOR PREPRINTED FORMS, REVIEW ALL PREPRINTED INFORMATION AND LINE THROUGH ALL INCORRECT INFORMATION IN ITEMS 1 THROUGH 6b AND WRITE IN THE CORRECT INFORMATION

GUIDELINES FOR COMPLETING FORM 5500-R
Pages 1 and 2 of the Form 5500-C/R (continued)

Line Item	Who Must Complete	How to Complete
1a	All plans	Review preprinted information and correct errors or enter the sponsor name and address.
1b	All plans	Review preprinted information and correct errors or enter the 9 digit Employer Identification Number (EIN).
1c	All plans	Review preprinted information and correct errors or enter the sponsor's telephone number.
1d	All plans	Review preprinted information or check the list of business codes in the instructions. Enter code found on that list.
1d (cont'd.)		
1e	All plans which entered A or B in item 4 and whose sponsor has been assigned a CUSIP issuer number for the purpose of issuing public securities	Review preprinted information or enter the CUSIP issuer number.
2a	All plans	Review preprinted information and correct errors or enter "same" if same as sponsor, or complete name and address of plan administrator.

NOTE: FOR PREPRINTED FORMS, REVIEW ALL PREPRINTED INFORMATION AND LINE THROUGH ALL INCORRECT INFORMATION IN ITEMS 1 THROUGH 6b AND WRITE IN THE CORRECT INFORMATION

GUIDELINES FOR COMPLETING FORM 5500-R
Pages 1 and 2 of the Form 5500-C/R (continued)

Line Item	Who Must Complete	How to Complete
2b	All plans which did not record "same" in 2a	Review preprinted information and correct errors or enter the plan administrator's employer identification number (EIN).
2c	All plans which did not record "same" in 2a	Review preprinted information and correct errors or enter the plan administrator's telephone number.
3	Complete this item only if page 1 is not preprinted and the plan sponsor or plan administrator is different from the last report filed for this plan.	
4	All plans	See instructions for definitions. Review preprinted information and correct errors. Enter only one code.
5a(1)	All plans	Review preprinted information and correct errors or enter the name of the plan.
5a(2)	All plans	Enter "yes" or "no" as to whether the plan covers self-employed individuals.
5b	All plans	Review preprinted information and correct errors or enter the effective month, day and year of the plan. The effective date of the plan should never change.

GUIDELINES FOR COMPLETING FORM 5500-R
Pages 1 and 2 of the Form 5500-C/R (continued)

Line Item	Who Must Complete	How to Complete
5c	All plans	Review preprinted information and correct errors or enter 3 digit plan number. This number cannot change unless the EIN of the plan is changed and cannot be used for more than one plan. Pension plans must be numbered 001-500. Welfare plans must be numbered 501-999.
6a(1)	All welfare plans and pension plans with any welfare benefits	Review preprinted information and correct errors or enter all applicable codes.
6a(2)	All plans with codes M, N, or O in item 6a(1)	Check "yes" or "no" (See instructions for definition of unfunded).
6b	All pension plans. Plan number must be between 001 and 500, inclusive	Review preprinted information and correct errors or enter all applicable codes.
Signature/ Date	All plans	The form must be signed (the name(s) of the individual(s) signing must be printed or typed under each signature) and dated by the plan sponsor/employer and/or the plan administrator, as applicable. See instructions for details.
6c	All plans	Check all applicable boxes.
6c(2) and (3)	A plan participating in a common/collective trust (CCT) or pooled separate account (PSA)	

GUIDELINES FOR COMPLETING FORM 5500-R
Pages 1 and 2 of the Form 5500-C/R (continued)

Line Item	Who Must Complete	How to Complete
6c(2) and (3) (cont'd.)	must attach either (1) the most recent statement of the assets and liabilities of any CCT and/or PSA, or (2) a certification that (A) the statement has been submitted directly to DOL by the financial institution or insurance carrier; (B) the plan has received a copy of the statement; and (C) includes the EIN and other numbers used by the financial institution or insurance carrier to identify the trust or account in the direct filing made with DOL.	
6c(4)		Attach Schedule E (Form 5500).
7a(1)	All plans	Enter the number of participants at the beginning of the year.
7a(2)	All plans	Enter the number of participants at the end of the year.
7b		Enter the number of participants with account balances.
7c(1)	All pension plans	Check yes or no.
7c(2)	All pension plans which checked "yes" in 7c(1)	Enter the correct number.
8a	All plans	Check yes or no. If you check "yes", you must enter the year.
8b	All plans	Check yes or no.

GUIDELINES FOR COMPLETING FORM 5500-R
Pages 1 and 2 of the Form 5500-C/R (continued)

Line Item	Who Must Complete	How to Complete
8c	All pension plans which checked "yes" in 8a and are covered by PBGC	Check yes or no.
9	All pension and welfare plans	Check yes or no. Plans with code C or D in item 4 must check "yes".
10	All pension and welfare plans	Enter the number of schedule(s) A here. Record a -O- if no schedule(s) A are attached.
11a	All pension and welfare plans	Check yes or no.
11b	All pension plans which checked "yes" in 11a	Check yes or no.
11c	All pension and welfare which checked "yes" in 11a	Check yes or no.
11d	All pension and welfare plans which checked "yes" in 11c	Check yes or no.
12a	All pensions plans subject to minimum funding standards	Check yes or no.
12b	All pension plans which check "yes" in 12a	Check yes or no.

GUIDELINES FOR COMPLETING FORM 5500-R
Pages 1 and 2 of the Form 5500-C/R (continued)

Line Item	Who Must Complete	How to Complete
13a	All pension and welfare plans (see note on fully insured pension plans)	Enter beginning and end of year total assets.
13b	All pension and welfare plans (see note on fully insured pension plans)	Enter beginning and end of year total liabilities.
13c	All pension and welfare plans (see note on fully insured pension plans)	Enter beginning and end of year net assets.
14a	All pension and welfare plans (see note on fully insured pension plans)	Enter total plan income. (This includes plan contributions.)
14b	All plans (see note on fully insured pension plans)	Enter total expenses for welfare plans or total employer expenditures for a fringe benefit plan. If you are filing for both a welfare plan and a fringe benefit plan on the same 5500-C/R form, report only plan expenses. (Plan expenses includes total benefits paid.)
14c	All pension and welfare plans (see note on fully insured pension plans)	Subtract item 14b from 14a and enter the plan net income (loss).
14d	All pension and welfare plans (see note on fully insured pension plans)	Enter plan contributions.

NOTE: FULLY INSURED PENSION PLANS ARE NOT REQUIRED TO COMPLETE ITEM 13. FOR DETAILED INFORMATION AND DEFINITION OF FULLY INSURED, SEE INSTRUCTIONS AND/OR APPLICABLE REGULATIONS.

NOTE: 13c (BEGINNING OF YEAR) + 14c MUST EQUAL 13c (END OF YEAR).

NOTE: 14a MINUS 14b MUST EQUAL 14c.

GUIDELINES FOR COMPLETING FORM 5500-R
Pages 1 and 2 of the Form 5500-C/R (continued)

Line Item	Who Must Complete	How to Complete
14e	All pension and welfare plans (see note on fully insured pension plans)	Enter total plan benefits paid.
15a	All pension and welfare plans	Check yes or no and if "yes", enter amount.
15b	All plans which checked "yes" in 15a	Enter the full name of the surety company which provides bonding coverage.
15c	All pension and welfare plans	Check yes or no and if "yes", enter amount.
15d	All pension and welfare plans	Check yes or no and if "yes", enter amount.
15e	All pension and welfare plans	Check yes or no and if "yes", enter amount.
15f	All pension and welfare plans	Check yes or no and if "yes', enter amount.
15g	All pension and welfare plans	Check yes or no and if "yes", enter amount.
15h	All pension and welfare plans	Check yes or no and if "yes", enter amount.
15i	All pension and welfare plans	Check yes or no and if "yes", enter amount.
15j	All pension and welfare plans	Check yes or no.
15k	All pension and welfare plans	Check yes or no and if "yes", enter amount.
15l	All pension and welfare plans	Check yes or no and if "yes", enter amount.

NOTE: YOU MAY NOT USE "N/A" IN RESPONSE TO ITEM 15.

GUIDELINES FOR COMPLETING FORM 5500-R
Pages 1 and 2 of the Form 5500-C/R (continued)

Line Item	Who Must Complete	How to Complete
15m	All pension and welfare plans	Check yes or no and if "yes", enter amount.
15n	All pension and welfare plans	Check yes or no and if "yes', enter amount.
15o	All pension and welfare plans	Check yes or no and if "yes", enter amount.

Line Item	Who Must Complete	How to Complete
16a	All pension plans	Check one box.
16b	All pension plans which checked "yes" or "not determined" in 16a	Enter the EIN and Plan Number used to identify the plan.

EDIT TEST FAILURES
WITH COMMON EXPLANATIONS

EDIT TEST FAILURES FOR FORM 5500

Paragraphs which cover sets of edit failures with common explanations to plan sponsor/ plan administrator.	No. of Item	Description of Item
Mandatory Answer/Invalid Data (Failure to answer required question, check appropriate box(es) or enter information that is valid will result in an edit test failure and cause the return to be rejected).	1d	Business Code.
	4	Type of plan entity.
	5b	Effective date of plan.
	5c	Three-digit plan number.
	6a	Welfare Benefit Plan.
	6b	Pension Benefit Plan.
	7a—f	Number of participants as of the end of the plan year.
	8a	Was this plan amended in this plan year or any prior plan year?
	9a	Was this plan terminated during this year or any prior plan year? If "Yes" enter the year.

EDIT TEST FAILURES FOR FORM 5500 (continued)

Paragraphs which cover sets of edit failures with common explanations to plan sponsor/ plan administrator.	No. of Item	Description of Item
Mandatory Answer/Invalid Data (cont).	10a	In this plan year, was this plan merged or consolidated into another plan, or were assets or liabilities transferred to another plan?
	10e	Has Form 5310 been filed?
	11	Enter the plan funding arrangement code.
	12	Enter the plan benefit arrangement code.
	13a	Is this a plan established or maintained pursuant to one or more collective bargaining agreements?
	15a	If this is a defined benefit plan, subject to the minimum funding standards for this plan year, is Schedule B required to be attached?
	15b	If this is a defined contribution plan, i.e., money purchase or target benefit, is it subject to the minimum funding standards?
	15b(3)	If (1) if greater than (2), subtract (2) from (1) and enter the funding deficiency here; otherwise, enter zero.

EDIT TEST FAILURES FOR FORM 5500 (continued)

Paragraphs which cover sets of edit failures with common explanations to plan sponsor/ plan administrator.	No. of Item	Description of Item
Mandatory Answer/Invalid Data (cont).	16	Has the plan been top-heavy at any time beginning with the 1984 plan year?
	22h	Total number of employees.
	23a	Is it intended that this plan qualify under Code section 401(a)?
	28a	Did any person who rendered services to the plan receive directly or indirectly $5,000 or more in compensation from the plan during the plan year (except for employees of the plan who were paid less than $1,000 in each month)?
	28b	Did the plan have any trustees who must be listed in Part II of Schedule C?
	28c	Has there been a termination in the appointment of any person listed in "28d" below?
	29a	Is the plan exempt from the requirement to engage an independent qualified public accountant?

EDIT TEST FAILURES FOR FORM 5500 (continued)

Paragraphs which cover sets of edit failures with common explanations to plan sponsor/ plan administrator.	No. of Item	Description of Item
Mandatory Answer/Invalid Data (cont).	29b	If 29a is "no", attach the accountant's opinion to Form 5500 and check the applicable box.
	32a(1)	During the plan year: Was this plan covered by a fidelity bond?
	32b(1)	During the plan year: Was there any loss to the plan, whether or not reimbursed, caused by fraud or dishonesty?
	34f column b	Total assets at end of plan year.
	35d	Total income (items 35a, b and c).
Math Consistency (Total or subtotals are not consistent with the items from which they were calculated).	7a(4)	Total of active participants as of the end of the plan year.
	7d	Subtotal (add 7a(4), b and c).
	7f	Total (add 7d and e).
	34b(6), column (a)	Total net receivables at beginning of year.
	34c(18), column (a)	Total general investments at beginning of year.

EDIT TEST FAILURES FOR FORM 5500 (continued)

Paragraphs which cover sets of edit failures with common explanations to plan sponsor/ plan administrator.	No. of Item	Description of Item
Math Consistency (cont.)	34f, column (a)	Total assets at beginning of year.
	34k, column (a)	Total liabilities at beginning of year.
	34l, column (a)	Net assets at beginning of year.
	34b(6), column (b)	Total net receivables at end of year.
	34c(18), column (b)	Total general investments at end of year.
	34f, column (b)	Total assets at end of year.
	34k, column (b)	Total liabilities at end of year.
	34l, column (b)	Net assets at end of year.
	35a(2), column (b)	Total contributions.
	35b(1)(G), column (b)	Total interest earnings on investments.
	35b(2)(B), column (b)	Total dividends earned on investments.
	35b(4)(B), column (b)	Net gain (or loss) on sale of assets.

EDIT TEST FAILURES FOR FORM 5500 (continued)

Paragraphs which cover sets of edit failures with common explanations to plan sponsor/ plan administrator.	No. of Item	Description of Item
Math Consistency (cont.)	35d	Total income (loss).
	35e(3), column (b)	Total benefit payment expenses.
	35g(9), column (b)	Total administrative expenses.
	35h	Total expenses.
	35i	Net income (loss) (total income minus total expenses).
Missing Schedules (Response to items indicated that one or more schedules are required to be attached, but were not, or schedules were not identifiable).	6c(1)	ESOP (Schedule E)
	6c(2)	Leveraged ESOP (Schedule E)
	7h(1)	Was any participant(s) separated from service with a deferred vested benefit for which a Schedule SSA is required to be attached to this form?
	14	Have you attached the proper number of Schedules(s) A?

EDIT TEST FAILURES FOR FORM 5500 (continued)

Paragraphs which cover sets of edit failures with common explanations to plan sponsor/ plan administrator.	No. of Item	Description of Item
Missing Schedules (cont.)	15a	If this is a defined benefit plan, is it subject to the minimum funding standards for this plan year? If "yes" attach Schedule B.
	28a	Did any person who rendered services to the plan receive directly or indirectly $5,000 or more in compensation from the plan during the plan year? If "yes" complete Part I of Schedule C and attach to Form 5500.
	28b	Did the plan have any trustees who must be listed in Part II of Schedule C? If "yes" complete Part II of Schedule C and attach to Form 5500.
	28c	Has there been a termination in the appointment of any person listed in d below? If "yes" complete Part III of Schedule C and attach to Form 5500.
	28g	Have you attached the proper number of Schedule(s) C?
	30a	Did the plan have assets held for investment?

EDIT TEST FAILURES FOR FORM 5500 (continued)

Paragraphs which cover sets of edit failures with common explanations to plan sponsor/ plan administrator.	No. of Item	Description of Item
Missing Schedules (cont.)	30b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible?
	30c	Were any leases to which the plan was a party in default or classified during the year as uncollectible?
	30d	Were any plan transactions or series of transactions in excess of 5 percent of the current value of plan assets?
	30e	Do the notes to the financial statements accompanying the accountant's opinion disclose any non-exempt transaction with parties in interest?
	30f	Did the plan engage in any non-exempt transactions with parties in interest not reported in 30e?
Non-Exempt (Failed to provide narrative answers when required or to answer required questions if the plan is not exempt from attaching an accountant's opinion)	29b(1)—(5)	If plan is not exempt from providing an independent qualified public accountant's opinion, check the appropriate box.

EDIT TEST FAILURES FOR FORM 5500 (continued)

Paragraphs which cover sets of edit failures with common explanations to plan sponsor/ plan administrator.	No. of Item	Description of Item
Non-Exempt (cont.)	29c	If 29a is "No," do the financial statements or notes to the financial statements attached to this report disclose (1) errors or irregularities; (2) illegal acts; (3) material internal control weaknesses; (4) a loss contingency indicating that assets are impaired or liability incurred; (5) significant real estate or other transactions in which the plan and (A) the sponsor, (B) plan administrator, (C) the employer(s), or (D) the employee organization(s) are jointly involved; (6) that the plan has participated in any related party transactions; or, (7) any unusual or infrequent events or transactions occurring subsequent to the plan-year-end that might significantly affect the usefulness of the financial statements in assessing the plan's present or future ability to pay benefits?
	30a	Did the plan have assets for investment?
	30b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible?
	30c	Were any leases to which the plan was a party in default or classified during the year as uncollectible?

EDIT TEST FAILURES FOR FORM 5500 (continued)

Paragraphs which cover sets of edit failures with common explanations to plan sponsor/ plan administrator.	No. of Item	Description of Item
Non-Exempt (cont.)	30d	Were any plan transactions or series of transactions in excess of 5% of the current value of the plan assets?
	30e	Do the notes to the financial statements accompanying the accountant's opinion disclose any non-exempt transactions with parties in interest?
	30f	Did the plan engage in any non-exempt transactions with parties in interest not reported in 30e?
	30g	Did the plan hold qualifying employer securities that are not publicly traded?
	30h	Did the plan purchase or receive any non publicly traded securities that were not appraised in writing by an unrelated third party within 3 months prior to their receipt?
	30i	Did any person manage plan assets who had a financial interest worth more than 10% in any party providing services to the plan or receive anything of value from any party providing services to the plan?

EDIT TEST FAILURES FOR FORM 5500 (continued)

Paragraphs which cover sets of edit failures with common explanations to plan sponsor/ plan administrator.	No. of Item	Description of Item
Missing Amount	29d	If 29c is "yes", enter the amount.
(Failed to indicate dollar amount in the space provided after answering "yes" to questions or marking appropriate box(es)).	32a(2)	If 32a(1) is "yes", enter the amount.
	32b(2)	If 32b(1) is "yes", enter the amount.
	34c(11)	If 6c(7) is checked, enter the amount, beginning and/or end of year.
	34c(12)	If 6c(8) is checked, enter the amount, beginning and/or end of year.
	34c(13)	If 6c(5) is checked, enter the amount, beginning and/or end of year.
	34c(14)	If 6c(6) is checked, enter the amount, beginning and/or end of year.
	35b(6)	If 6c(7) is checked, enter the amount.
	35b(7)	If 6c(8) is checked, enter the amount.

EDIT TEST FAILURES FOR FORM 5500 (continued)

Paragraphs which cover sets of edit failures with common explanations to plan sponsor/ plan administrator.	No. of Item	Description of Item
Missing Amount (cont.)	35b(8)	If 6c(5) is checked, enter the amount.
	35b(9)	If 6c(6) is checked, enter the amount.
Missing/Specify (Items requie a narrative answer, but none was provided).	6a(1)	Code Q entered - Other (specify) type of welfare benefit plan.
	6b	Code 2E entered - Other (specify) type of defined contribution plan.
	6b	Code 7 entered - Other (specify) type of pension benefit plan.
Missing Specify/Explain Information (Responses to these items require a narrative answer but none was provided).	6c(5)	Name of the trust and the bank or financial institution and city and state where the trust is maintained.
	6c(6)	Name and address of the 103-12 Investment Entity.
	29b(5)	Other type of accountant's opinion (explain).

EDIT TEST FAILURES FOR FORM 5500 (continued)

Paragraphs which cover sets of edit failures with common explanations to plan sponsor/ plan administrator.	No. of Item	Description of Item
Final Report	A(3)	The final return/report filed for the plan.
(These items require an answer but none was provided).	7d (Welfare) or 7f (Pension)	Number of participants as of the end of the year.
	9a	Was this plan terminated during this plan year or any prior year?
	9b	Were all plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of PBGC?
	10a	In this plan year, was this plan merged or consolidated into another plan(s), or were assets or liabilities transferred to another plan(s)?
	34f column (b)	Total assets, end of year.

EDIT TEST FAILURES FOR FORM 5500-C/R (5500-C Filers) W/COMMON EXPLANATIONS

Paragraphs which cover sets of edit failures with common explanations to plan sponsor/ plan administrator.	No. of Item	Description of Item
Mandatory Answer/Invalid Data Failure to answer required question, check appropriate boxes, or enter information that is valid, will result in an edit test failure and cause the return to be rejected.	1d	Business Code.
	4	Type of plan entity.
	5b	Effective date of plan.
	5c	Enter three-digit plan number.
	6a	Welfare Benefit Plan.
	6b	Pension Benefit Plan.
	7a	Total participants at beginning and end of plan year.
	8a	Was this plan amended in this plan year or any prior plan year?
	9a	Was this plan terminated during this plan year or any prior plan year? If "yes", enter the year.

EDIT TEST FAILURES FOR FORM 5500-C/R
(5500-C Filers) (continued)

Paragraphs which cover sets of edit failures with common explanations to plan sponsor/ plan administrator.	No. of Item	Description of Item
Mandatory Answer/Invalid Data (cont.)	10a	Was this plan merged or consolidated into another plan, or were assets or liabilities transferred to another plan since the end of the plan year covered by the last return/ report Form 5500 or 5500-C which was filed for this plan (or during this plan year if this is the initial return/ report?)
	10e	Has Form 5310 been filed?
	11	Enter the plan funding arrangement code.
	12	Enter the plan benefit arrangement code.
	13	Is this a plan established or maintained pursuant to one or more collective bargaining agreements?
	15a	If this is a defined benefit plan subject to the minimum funding standards, is Schedule B required to be attached? (If 'Yes", attach Schedule B (Form 5500)).

EDIT TEST FAILURES FOR FORM 5500-C/R
(5500-C Filers) (continued)

Paragraphs which cover sets of edit failures with common explanations to plan sponsor/ plan administrator.	No. of Item	Description of Item
Mandatory Answer/Invalid Data (cont.)	15b	If this is a defined contribution plan, i.e., money purchase or target benefit, is it subject to minimum funding standards (if a waiver was granted, see instruction). If "Yes,", complete (1), (2), and (3).
	15b(3)	If (1) is greater than (3), subtract (2) from (1) and enter the funding deficiency here. Otherwise, enter zero. (If you have a funding deficiency, file Form 5330)
	22h	Total number of employees.
	23a	Is it intended that this plan qualify under code Section 401(a)? If "Yes," complete b and c.
	29a	During the plan year was this plan covered by a fidelity bond?
	29c	During the plan year, was there any loss to the plan, whether or not reimbursed, caused by fraud or dishonesty?
	30f, column b	Total assets at end of plan year.
	31f	Total income.

EDIT TEST FAILURES FOR FORM 5500-C/R
(5500-C Filers) (continued)

Paragraphs which cover sets of edit failures with common explanations to plan sponsor/ plan administrator.	No. of Item	Description of Item
Math Consistency	30c(6), column (a)	Total investments.
(Totals or sub-totals are not consistent with the items from which they were calculated).	30f, column (a)	Total assets.
	30j, column (a)	Total liabilities.
	31b, column (b)	Total contributions.
	31f, column (b)	Total income.
	31j, column (b)	Total expenses.
	30c(6), column (b)	Total investments.
	30f, column (b)	Total assets.
	30j, column (b)	Total liabilities.
	30k, column a	Net assets beginning of year.
	30k, column b	Net assets at end of year.
	31k, column b	Net income (loss) (total income minus total expenses).

EDIT TEST FAILURES FOR FORM 5500-C/R
(5500-C Filers) (continued)

Paragraphs which cover sets of edit failures with common explanations to plan sponsor/ plan administrator.	No. of Item	Description of Item
Missing Schedules Response to items indicated that one or more schedules are required to be attached, but were not.	6c(1)	ESOP (Schedule E).
	6c(2)	Leveraged ESOP (Schedule E).
	7c(1)	Were any participants in the pension benefit plan separated from service with a deferred vested benefit for which a Schedule SSA (Form 5500) is required to be attached?
	14	Were the appropriate number of Schedule(s) A attached?
	15a	If this is a defined benefit plan, is it subject to the minimum funding standards for this plan year? If "Yes," attach Schedule B (Form 5500).
Missing Amount (Failed to answer any questions and provide "amount" when financial activity took place).	29a	Was this plan covered by a fidelity bond?
	29c	Was there any loss to the plan, whether or not reimbursed, caused by fraud of dishonesty?

EDIT TEST FAILURES FOR FORM 5500-C/R
(5500-C Filers) (continued)

Paragraphs which cover sets of edit failures with common explanations to plan sponsor/ plan administrator.	No. of Item	Description of Item
Missing Amount (cont.)		
	29d	Was there any sale, exchange, or lease of any property between the plan and the employer, any fiduciary, any of the five most highly paid employees, any owner of a 10% or more interest in the employer, or relatives of any such persons?
	29e	Was there any loan or extension of credit by the plan to the employer, any fiduciary of the five most highly paid employees of the employer, any owner of a 10% or more interest in the employer, or relatives of any such persons?
	29f	Did the plan acquire or hold any employer security or employer real property?
	29g	Has the plan granted an extension of any delinquent loan owed to the plan?
	29h	Has the employer owed contributions to the plan which are more than three months overdue?
	29i	Were any loans by the plan or fixed income obligations due the plan classified as uncollectible or in default as of the close of the plan year?

EDIT TEST FAILURES FOR FORM 5500-C/R
(5500-C Filers) (continued)

Paragraphs which cover sets of edit failures with common explanations to plan sponsor/ plan administrator.	No. of Item	Description of Item
Missing Amount (cont.)	29k	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interests?
	29l	Did the plan at any time engage in any transaction or series of related transactions involving 20% or more of the current value of plan assets?
	29m	Were there any noncash contributions made to the plan whose value was set without an appraisal by an independent third party?
	29n	Were there any purchases of non-publicly traded securities by the plan whose value was set without an appraisal by an independent third party?
	29o	Has the plan failed to provide any benefit when due under the terms of the plan because of insufficient assets?
Final Report	A(3)	The final return/report filed for the plan.
(These items require an answer but none was provided).	7a(2)	Number of participants as of the end of the year.

EDIT TEST FAILURES FOR FORM 5500-C/R
(5500-C Filers) (continued)

Paragraphs which cover sets of edit failures with common explanations to plan sponsor/ plan administrator.	No. of Item	Description of Item
Final Report (cont.)	9a	Was this plan terminated during this plan year or any prior year?
	9b	Were all plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of PBGC?
	10a	In this plan year, was this plan merged or consolidated into another plan(s), or were assets or liabilities transferred to another plan(s)?
	30f column (b)	Total assets, end of year.
Missing/Specify (Items require a narrative answer, but none was provided).	6a(1)	Code Q entered - Other (specify) type of welfare benefit plan.
	6b	Code 2E entered - Other (specify) type of defined contribution plan.
	6b	Code 7 entered - Other (specify) type of pension benefit plan.

EDIT TEST FAILURES FOR FORM 5500-C/R
(5500-C Filers) (continued)

Paragraphs which cover sets of edit failures with common explanations to plan sponsor/ plan administrator.	No. of Item	Description of Item
Missing/Specify (cont.)	31e	Amount entered - Other (specify) other income.
Missing Specify/Explain Information (Responses to these items require a narrative answer but none was provided).	6c(5)	Name of the trust and the bank or financial institution and city and state where the trust is maintained.
	6c(6)	Name and address of the 103-12 Investment Entity.

EDIT TEST FAILURES FOR FORM 5500-C/R (5500-R Filers) W/COMMON EXPLANATIONS

Paragraphs which cover sets of edit failures with common explanations to plan sponsor/ plan administrator.	No. of Item	Description of Item
Mandatory Answer/Invalid Data	4	Type of plan entity.
Failure to answer required question, check appropriate boxes, or enter information that is valid, will result in an edit test failure and cause the return to be rejected.	5b	Effective date of plan.
	5c	Enter three-digit plan number.
	6a	Welfare benefit plan.
	6b	Pension benefit plan.
	7a	Total participants at beginning and end of plan year.
	8a	Was this plan terminated during this plan year or any prior plan year? If "Yes", enter the year.
	9	Is this a plan established or maintained pursuant to one or more collective bargaining agreements?
	11a	Were any plan amendments adopted during the plan year?

EDIT TEST FAILURES FOR FORM 5500-C/R
(5500-R Filers) (continued)

Paragraphs which cover sets of edit failures with common explanations to plan sponsor/ plan administrator.	No. of Item	Description of Item
Mandatory Answer/Invalid Data (cont.)	12a	If this is a pension benefit plan, subject to the minimum funding standards, has the plan experienced a funding deficiency for this plan year (defined benefit plans, attach Schedule B (Form 5500))?
	15a	During this plan year, was this plan covered by a fidelity bond?
	15c	During this plan year, was there any loss to the plan, whether or not reimbursed caused by fraud or dishonesty?
Math Consistency (Totals or sub-totals are not consistent with the items from which they were calculated).	13c	Net assets as of the beginning and end of the plan year.
	14c	Net income (loss) (total income minus total expenses)
Missing Schedules Response to items indicated that one or more schedules are required to be attached, but were not.	6c(4)	ESOP (Schedule E).

EDIT TEST FAILURES FOR FORM 5500-C/R
(5500-R Filers) (continued)

Paragraphs which cover sets of edit failures with common explanations to plan sponsor/ plan administrator.	No. of Item	Description of Item
Missing Schedules (cont.)	7c(1)	Were any pension benefit plan participant(s) separated from service with deferred vested benefits for which a Schedule SSA (Form 5500) is required to be attached to this form?
	10	Were the appropriate number of Schedule(s) A attached?
	12a	If this is a pension benefit plan subject to the minimum funding standards, has the plan experienced a funding deficiency for this plan year (defined benefit plans, attach Schedule B (Form 5500))?
Missing Amount (Failed to answer any questions and provide "amount" when financial activity took place).	15a	During this plan year, was this plan covered by a fidelity bond?
	15c	During this plan year, was there any loss to the plan, whether or not reimbursed caused by fraud or dishonesty?

EDIT TEST FAILURES FOR FORM 5500-C/R
(5500-R Filers) (continued)

Paragraphs which cover sets of edit failures with common explanations to plan sponsor/ plan administrator.	No. of Item	Description of Item
Missing Amount (cont.)	15d	Was there any sale, exchange, or lease of any property between the plan and the employer, any fiduciary, any of the five most highly paid employees of the employer, any owner of a 10% or more interest in the employer, or relatives of any such persons?
	15e	Was there any loan or extension of credit by the plan to the employer, any fiduciary, any of the five most highly paid employees, any owner of a 10% or more interest in the employer, or relatives of any such persons?
	15f	Did the plan acquire or hold any employer security or employer real property?
	15g	Has the plan granted an extension on any delinquent loan owed to the plan?
	15h	Has the employer owed contributions to the plan which are more than three months overdue?

EDIT TEST FAILURES FOR FORM 5500-C/R
(5500-R Filers) (continued)

Paragraphs which cover sets of edit failures with common explanations to plan sponsor/ plan administrator.	No. of Item	Description of Item
Missing Amount (cont.)	15i	Were any loans by the plan or fixed income obligations due the plan classified as uncollectible of in default as of the close of the plan year?
	15k	Did the plan hold at any time 20% or more of its assets in any single security, debt, mortgage, parcel of real estate or partnership/joint venture interest?
	15l	Did the plan at any time engage in any transaction or series of related transactions involving 20% or more of the current value of plan assets?
	15m	Were there any non-cash contributions made to the plan whose value was set without an appraisal by an independent third party?
	15n	Were there any purchases of non-publicly traded securities by the plan whose value was set without an appraisal by an independent third party?
	15o	Has the plan failed to provide any benefit when due under the terms of the plan because of insufficient assets

EDIT TEST FAILURES FOR FORM 5500-C/R
(5500-R Filers) (continued)

Paragraphs which cover sets of edit failures with common explanations to plan sponsor/ plan administrator.	No. of Item	Description of Item
Missing/Specify (Items require a narrative answer, but none was provided).	6a(1)	Code Q entered - Other (specify) type of welfare benefit plan.
	6b	Code 2E entered - Other (specify) type of defined contribution plan.
	6b	Code 7 entered - Other (specify) type of pension benefit plan.
Final Report (These items require an answer but none was provided).	A(3)	The final return/report filed for the plan.
	7(a)(2)	Number of participants as of the end of the year.
	8a	Was this plan terminated during this plan year or any prior plan year?
	8b	Were all the plan assets either distributed to participants or beneficiaries transferred to another plan, or brought under the control of PBGC?
	13a	Total assets, end of year.

EDIT TEST FAILURES
WITH SPECIAL EXPLANATIONS

ERISA FORM 5500 SERIES EDIT TEST
SPECIAL EXPLANATIONS

NOTE: If you receive correspondence to correct an Edit Test Failure(s) and amend other line items not specifically requested in the correspondence, you must circle these new revisions in your reply.

Potential Errors	Line Items	Forms Affected	Corrective Action
Did not provide name of sponsor and/or administrator	1a, 2a		Correct preprinted information if present or enter name(s) as required.
Entered wrong business code or did not provide a business code	1d		Correct preprinted information if present or review list of codes and enter correct code.
Indicated that sponsor or administrator was not the same as last year but did not provide former name, EIN, and plan number when sponsor changed	3		Enter this information.
Failed to properly identify the type of entity	4		Correct preprinted information if present or enter only one code.
Entered wrong date of plan	5b		Correct preprinted information if present or enter correct date.
Entered wrong plan number	5c		Correct preprinted information if present or enter correct plan number based on response to 6a or 6b.

ERISA FORM 5500 SERIES EDIT TEST
(continued)

Potential Errors	Line Items	Forms Affected	Corrective Action
Did not indicate based on response to 5c type of welfare benefit plan, or selected wrong type of plan	6a		Correct preprinted information if present or enter applicable codes or correct plan number in 5c.
Did not check proper box related to fringe benefit plans	6a(2)		check "Yes" or "No".
Did not specify type of pension plans	6b		Correct preprinted information if present or enter the applicable code(s).
Did not indicate type of defined contribution plan	6b(2)		Enter applicable code(s).
Did not provide additional information concerning investment entity or master trust	6c(5) or (6)	5500, 5500-C	See instructions for required information.
Failed to attach Schedule E	6c(1) and/or 6c(2) 6c(4)	5500, 5500-C; 5500-R	Attach Schedule E or correct answer(s) in 6c.
Did not provide amount(s) in items 34c(11) through 34c(14), beginning and/or end of year and/or items 35b(6) through 35b(9)	6c(5) through 6c(8)	5500	Enter dollar amounts on appropriate line items or correct answer(s) in 6c (See instructions under "General Guidelines to Completing Form 5500").

ERISA FORM 5500 SERIES EDIT TEST
(continued)

Potential Errors	Line Items	Forms Affected	Corrective Action
Failed to check appropriate box(es) in 6c(5) through 6c(8)	34c(11) through 34c(14) and/or 35b(6) through 35b(9)	5500	Check the applicable box(es) or correct answer(s) in 34c(11) through 34c(14) and/or 35b(6) through 35b(9).
Did not enter total number of participants at end of plans year	7f, 7a(2)	5500, 5500-C, 5500-R	Complete missing information.
Failed to indicate if SPD was affected following plan amendments	8e, 11c	5500, 5500-C, 5500-R	Answer yes or no in appropriate items.
Failed to indicate whether you furnished SPD or modification to participants and filed with DOL	8f, 11d	5500, 5500-C, 5500-R	Answer yes or no in appropriate boxes.
Failed to indicate whether all plan assets were distributed	9b, 8b	5500, 5500-C, 5500-R	Enter "Yes" or "No".
Failed to give name of other plan following consolidation, merger, or transfer of assets, or liabilities to other plan	10b	5500, 5500-C	Enter name of other plan involved.

ERISA FORM 5500 SERIES EDIT TEST
(continued)

Potential Errors	Line Items	Forms Affected	Corrective Action
Provided name of another plan when form indicated that your plan was not merged, consolidated or had its assets of liabilities transferred to another plan	10b	5500, 5500-C	Determine correct answer and provide corrected information.
Did not provide EIN number of other plan involved in merger, consolidation or transfer	10c	5500, 5500-C	Provide EIN of other plan.
Provided EIN of other plan when you indicated no merger or other action had taken place	10c	5500, 5500-C	Determine correct answer and provide corrected information.
Did not provide plan number(s) of other plans involved in action	10d	5500, 5500-C	Provide plan number of other plan.
Entered plan number of another plan when you indicated that your plan has not been merged or consolidated	10d	5500, 5500-C	Provide correct information.
Did not enter correct code, 1 or 2, in item 11 when the plan held assets for investments	11	5500	Determine correct answer.

ERISA FORM 5500 SERIES EDIT TEST
(continued)

Potential Errors	Line Items	Forms Affected	Corrective Action
Did not indicate if plan is established or maintained by collective bargaining agreements	13a, 13, 9	5500, 5500-C, 5500-R	Determine correct answer.
Listed an LM number when plan is not maintained by collective bargaining agreement	13b	5500	Determine correct answer.
Did not list a valid LM number	13b	5500	Provide valid LM number
Did not attach number of Schedules A as indicated were attached	14, 10	5500, 5500-C, 5500-R	Provide additional schedules or reduce number indicated.
Indicated that no terminations had occurred although you marked one of the classifications of persons as having been terminated	28c, 28d	5500	Provide corrected information.
Failed to indicate what category of person was terminated	28d	5500	Indicate category of person terminated.

ERISA FORM 5500 SERIES EDIT TEST
(continued)

Potential Errors	Line items	Forms Affected	Corrective Action
Failed to indicate whether there are any outstanding disputes or matters of disagreement regarding termination of listed person	28e	5500	Check "Yes" or "No".
Failed to provide valid entry regarding terminated accountants and/or enrolled actuaries	28f	5500	Check "Yes" or "No".
Did not provide sufficient number of Schedule(s) C as indicated	28g	5500	Provide additional number of schedules or reduce number indicated.
You attached an opinion although you indicated in 29a that your plan was exempt from the requirement	29b	5500	Confirm or correct your response.
No accountant's opinion was attached although your plan does not appear to be exempt from the requirement	29b	5500	Attach opinion or provide explanation of why an accountant's opinion is not required.
Failed to indicate the total dollar amount involved in financial disclosure based on response to 29c	29d	5500	Provide dollar amount.

ERISA FORM 5500 SERIES EDIT TEST
(continued)

Potential Errors	Line Items	Forms Affected	Corrective Action
Failed to indicate whether or not plan assets were held for investment	30a	5500	Provide corrected information.
Failed to enter the dollar amount of the fidelity bond as indicated	32a(2), 29a, 15a	5500, 5500-C, 5500-R	Enter dollar amount of bond.
Failed to provide name of surety company	32c(3), 29b 15b	5500, 5500-C, 5500-R	Enter name.
Failed to enter the dollar amount of loss caused by fraud or dishonesty as required	32b(2), 29c, 15c	5500, 5500-C, 5500-R	Enter dollar amount of loss.
Failed to match amounts regarding net assets at beginning of year as indicated in 34l, column (a)	35k	5500	Provide corrected information.
Failed to match amounts regarding net assets at end of year as indicated in 34l, column (b)	35l	5500	Provide corrected information.

ERISA FORM 5500 SERIES EDIT TEST
(continued)

Potential Errors	Line Items	Forms Affected	Corrective Action
Failed to match amount regarding Net Income equaling Net Assets, end of year minus Net Assets, beginning of year	35i, 31k	5500, 5500-C	Provide corrected information.
Failed to enter name of service provider or name is illegible in Part I	Item 2	column (a) of Schedule C	Provide name/legible name of service provider.
Failed to provide valid EIN for one or more of the service providers in Part I	Item 2	column (b) of Schedule C	Provide valid EIN of service provider.
Did not include gross salary or allowance paid to service provider - Part I	Item 2	Column (e) Schedule C	Provide missing information.
Did not include amount of fees and commissions paid to providers - Part I	Item 2	Column (f) Schedule C	Provide missing information.
Did not provide valid service code for each service provider listed in Part I	Item 2	column (g) of Schedule C	Provide service code for each provider.
Failed to provide names of terminated parties or name is illegible in Part III	Column (a)	Schedule C	Provide names/legible names of terminated parties.
Did not provide a valid EIN for one or more of the terminated parties in Part III	Column (b)	Schedule C	Provide valid EIN of terminated parties.

ERISA FORM 5500 SERIES EDIT TEST
(continued)

Potential Errors	Line Items	Forms Affected	Corrective Action
Did not provide the position of each of the terminated parties in Part III	Column (c)	Schedule C	Provide position of terminated parties.
Did not provide the explanation for the termination of parties as required for in Part III of Schedule C	Explanation		Provide missing information.
Failed to sign Schedule B	Sign	Schedule B	Return copy of Schedule B properly signed.
Did not provide amount of contribution certified by actuary as necessary to reduce funding deficiency	8e	Schedule B (Form 5500)	Provide information or give explanation for not providing. (Penalty of $1000 may be assessed if explanation is not provided).
Did not provide the enrolled actuary's enrollment number	Signature line	Schedule B	Provide number.
Did not provide SSN of one or more participants separated with deferred vested benefits	5a or 6a	Schedule SSA	Provide number(s), a penalty of $1.00 per participant. Up to $5000 may be charged if information is not provided.
Did not provide name(s) of one or more separated participants	5b or 6b	Schedule SSA	Provide name(s) of participants.

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